

ONE STAPLE ONLY

WVDCR Policy Dir.  
15 Pa  
A1  
GENERAL DIST

WVDCR Inmate Grievance Form

Grievance No.

23-5085-FF-042801A

Joseph Jones  
Inmate Name

3486300  
OID #

4-27-23  
Date of Grievance

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services.  
NO WRITING ON BACK)

I am not getting proper medical care for my leg, I need surgery my leg is out of line. Please help me, I need to see an outside doctor and I have been refused.

Relief Sought (state what you want):

To get proper medical care!

Joseph Jones  
Inmate's Signature

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Director of Inmate Services Response (attach additional sheet if needed)

Accepted ☐ Rejected ☒ Reason for rejection: Too below Date: 5/1/23

Response on Merits if accepted:

I have removed your chart. You are scheduled for the physical to take care of your leg. of care. Thank you!

Signature

Involved: (If so initial and give copy to Director of Inmate Services) Appealed to Superintendent (initial) Date:

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Superintendent:

Accepted ☐ Rejected ☐ Reason for rejection: Date:

Response on Merits if accepted: Remand to Unit for further action Affirm wait and/or deny grievance Grant the Grievance as specified

Superintendent's Signature

Date

Involved: (If so initial and give copy to Director of Inmate Services) Appealed to Commissioner (initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Commissioner:

Accepted ☐ Rejected ☐ Reason for rejection: Date: Affirm Superintendent and deny grievance (Affix final stamp) Other, none attached

EXHIBIT

B



ONE STAPLE ONLY

WVDCR Policy Dir

15 Pa

A2

GENERAL DIST

WVDCR Inmate Grievance Form

Grievance No.

23-<sup>5005</sup>CP-F-050401A

Joseph Jones

Inmate Name

3488300

OID #

5-3-23

Date of Grievance

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services.)

TO WRITING ON BACK:

I have put 2 grievances in, and had no response. I need to see an outside doctor about my leg being broken. They keep denying me medical treatment.

Relief Sought (state what you want):

To get proper medical attention and get proper medical treatment.

Joseph Jones

Inmate's Signature

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Director of Inmate Services Response (attach additional sheet if needed)

Accepted

Rejected

Reason for rejection:

See below

Date: 5/4/23

Response on Merits if accepted:

I have reviewed your chart. I am going to sit in on your appointment with the provider on 5/5/23 onsite so we can address your concerns.

Signature

Involved: (if so initial and give copy to Director of Inmate Services)

Appealed to Superintendent (Initial) Date:

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Superintendent:

Accepted

Rejected

Reason for rejection:

Date:

Response on Merits if accepted: Remand to Unit for further action Affirm unit and/or deny grievance Grant the Grievance as specified

Inmate's

(Attach additional sheet if necessary)

Superintendent's Signature

Date

Involved: (if so initial and give copy to Director of Inmate Services)

Appealed to Commissioner (Initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Commissioner:

Accepted

Rejected

Reason for rejection:

Date:

Response on Merits if accepted: Affirm Superintendent and deny grievance (Affix final stamp) Other, memo attached.